

# Troop Trip or Activity Application

Complete this form if your troop's activity meets any of these criteria:

The following require 2 weeks minimum advance notice, a First-Aider and, possibly, a lifeguard:

- Any overnight activity not on council property.
- Any troop trip to non-council-owned sites over 50 miles from your meeting place
- Any troop camping excursion.
- Any troop event with increased risk of injury such as swimming, skiing, horseback riding, skating, etc. See the "Activity Summary Chart" on pages 22-23 of The Essential Guide to see if Council approval, First Aider and Lifeguard are required.
- Any troop trip lasting **longer than 2 nights** or includes non-registered participants (requires additional insurance, First-Aider and trained leaders) **Advance notice needed: one month notice for 2-night trip, three months notice for 3-nights or more trip, one year notice if trip is international.**

This form must have final approval before you participate in the activity.

Refer to the Safety-Wise "Planning Trips with Girls" section and the specific activity section to plan an activity.

**Date of Activity:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

Address/Phone # \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Activity:** \_\_\_\_\_

**Proposed route (if trip):** \_\_\_\_\_

**Number attending:** \_\_\_\_\_ girls  
 \_\_\_\_\_ adults  
 \_\_\_\_\_ non-registered participants \*

**Troop #** \_\_\_\_\_  
**Level:**  Daisy  
 Brownie  
 Junior  
 STUDIO 2B

\*If additional insurance is needed, all troops are required to pay a fee of \$5 towards the cost of the insurance. Contact your MSD if you have any questions.

Leader's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ Evening phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Adult in charge of activity/trip, if different from above leader. MUST be a registered Girl Scout**

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Safety information:**

First-Aider with child and adult certification or nurse/physician training: \_\_\_\_\_

Certified lifeguard's name (required for activities at any waterfront, pool, or other body of water which does not have a lifeguard): \_\_\_\_\_

**Emergency back home contact person for this troop activity:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

(This emergency contact should have a list of all participants and their parents' names and phone numbers, so they may be kept informed if the trip is changed or delayed for any reason.)

Total trip cost: \$ \_\_\_\_\_

Trip cost per person: \$ \_\_\_\_\_

Cost covered by participants' personal funds: \$ \_\_\_\_\_

Cost covered through money-earning activities: \$ \_\_\_\_\_

(Complete the troop/group money-earning application for each activity your troop does.)

Costs covered through other sources: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What the cost per participant will cover: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Overnight trip or troop camping trip:**

Type of shelter (check one):

- Indoor or cabin (requires a registered adult and a First Aider)
- Platform tents (requires a registered adult with Outdoor Basics and a First Aider)
- Ground tents (requires a registered adult with Outdoors 2 and a First Aider)

Name & address of facility \_\_\_\_\_  
 Name of registered, trained adult \_\_\_\_\_ Phone \_\_\_\_\_  
 Level of training \_\_\_\_\_

**If trip will last 3 or more nights:**

List Tentative Itinerary: (add sheet if itinerary is extensive)

| Destination | Date of Arrival | Date of Departure |
|-------------|-----------------|-------------------|
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |

**A final detailed itinerary including phone numbers should be submitted at least two weeks prior to the trip.**

**For All Trips/Activities:**

Means of transportation \_\_\_\_\_

If leasing, name and phone number of leasing company: \_\_\_\_\_

**Reminder:** Only the CEO can sign contracts in the name of Girl Scouting. Please send in the contract.

We have verified that each driver for this trip has:

- A valid driver's license  Yes  No
- Is at least 18 years of age  Yes  No
- Has insurance within the limits suggested in The Essential Guide and in Safety-Wise  Yes  No

If using a travel agency, name and phone number of agency: \_\_\_\_\_

I have consulted Safety-Wise standards pertaining to this trip/activity plus standards for specific activities included in our trip/activity and I agree to abide by all national and council requirements. A parent's/guardian's written permission will be obtained for each girl prior to the trip/activity.

Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to your Member Services Director for authorization at Girl Scouts of Indian Waters Council, 4222 Oakwood Hills Pkwy., Eau Claire, WI 54701. FAX 715-835-2768, phone 715-835-5331, 800-432-9823

**OFFICE USE ONLY**

- Preliminary Approval, send supporting documents later
- Money Earning Form(s) approved
- Certificate of destination's insurance requested
- Certificate of destination's insurance at Council
- Detailed itinerary received
- Mutual of Omaha insurance ordered
- Final Approval

Comments and Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member Services Director Signature \_\_\_\_\_ Date \_\_\_\_\_